

2015/2016 YUMA COUNTY OPEN ENROLLMENT EDUCATIONAL MEETINGS SERIES

OPEN ENROLLMENT

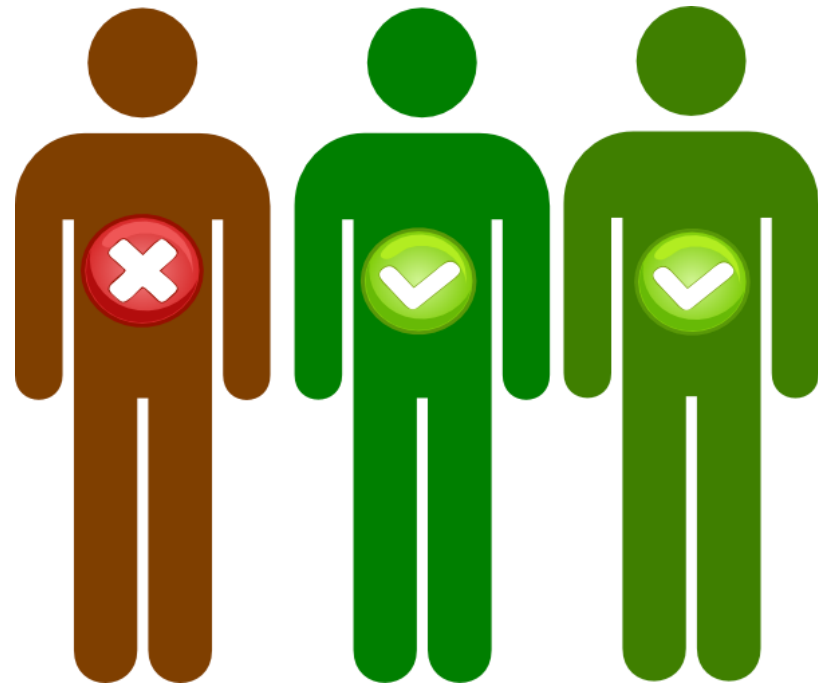
- **BEGINS APRIL 14, 2015**
- **ENDS MAY 15, 2015**



Eligibility

If you are enrolling new dependents you will need to provide verification of dependent status

- **Spouse:** Marriage certificate
- **Children up to the age of 26:** Birth certificate



Health Care Reform Requirements

EXTREMELY IMPORTANT!

- **Default Option**
 - Employees who do not elect a plan will be defaulted into the PPO Option with employee only coverage. All previously elected benefits will cease (except BASIC life insurance).
- **Waiving Insurance**
 - If you want to waive insurance, you are still required to fill out an enrollment form to waive coverage.



Medical Insurance Options

- **July 1, 2015 through June 30, 2016**
- **2 options for medical insurance**
 - HDHP - HSA Option
 - PPO Option



TPA and Network

- Blue Cross Blue Shield of Arizona
 - Third Party Administrator (TPA) and Network
 - Customer Service Number
 - 1-877-475-8445
 - Finding a doctor
 - In Arizona and Nationally
 - **www.azblue.com**
 - 1-877-475-8445
 - 24 Hour Nurse Hotline 1-866-422-2729
 - Claim issues?
 - Call BCBS of Arizona or your Yuma County HR Benefits Department



An Independent Licensee of the Blue Cross and Blue Shield Association

HDHP-HSA Option: Overview



- Blue Cross Blue Shield of AZ: TPA and Network
- Health Equity: HDHP - HSA Account
 - www.healthequity.com
 - Manage Account
 - Education Center
 - Pay Provider Online
 - 866-960-8026



HDHP-HSA Option: Overview

Deductible

- Individual: \$ 1,500
- Family Cap: \$3,000 (True Family)

Co-insurance

- Plan pays 80% after deductible

Maximum Out of Pocket Per Year

- Individual: \$4,500
- Family Cap: \$9,000 (2x individual)



HDHP-HSA Option: Cost

	Monthly Cost	Yuma County Pays	Employee Cost	Employee Cost per Paycheck	Yuma County HSA Monthly Deposit
Employee Only	\$593.84	\$546.69 (100% for employee)	\$0.00	\$0.00	\$47.15
Employee+ Spouse	\$1,195.19	\$1,020.25 (100% for employee)	\$127.79	\$63.89	\$47.15
Employee + Child(ren)	\$960.11	\$835.11	\$77.85	\$38.93	\$47.15
Employee + Family	\$1,561.48	\$1,308.64	\$205.69	\$102.85	\$47.15

HDHP-HSA Option: Contributions

- Individual annual contribution limit \$3,350 (including employer contribution)
- Dependent annual contribution limit \$6,650 (including employer contribution)
- Age 55+ catch-up allows an additional \$1,000



PPO Option: Overview

Deductible

- Individual: \$500
- Family Cap: \$1,500 (3x individual)

Co-insurance/ Co-pay

- Plan pays 80% after deductible
- \$20 copay on physician office visits
- \$30 Specialist and Urgent Care

Maximum Out of Pocket Per Year

- Individual: \$4,500
- Family Cap: \$9,000 (2x individual)

ER

- \$125 + deductible + co-insurance



PPO Option: Cost

	Monthly Cost	Yuma County Pays	Employee Premium Monthly	Employee Premium Per paycheck
Employee	\$659.62	\$593.84 (90% for Emp.)	\$65.78	\$32.89
Employee + Spouse	\$1,385.20	\$1,067.40 (90% for Emp. 63.5% for Spouse)	\$317.80	\$158.90
Employee + Children	\$1,101.54	\$882.26 (90% for Emp. 63.5% for Child(ren))	\$219.28	\$109.64
Employee + Family	\$1,827.07	\$1,355.79 (90% for Emp. 63.5% for dependents)	\$471.28	\$235.64

Bi-weekly premium is eligible for pre-tax (Section 125). No Social Security, Federal and State income tax will be withheld on premium amount.

CITY OF YUMA PPO COSTS

- Plan A

- \$750/\$1,500 Deductible
- 80/20 Co-insurance
- Emp.: \$28.50
- Emp. + Spouse: \$271.00
- Emp. + Child(ren): \$221.00
- Emp. + Fam.: \$392.00

Per Paycheck

- Plan B

- \$900/\$1,800 Deductible
- 75/25 Co-insurance
- Emp.: \$0.00 + \$38/mo. to emp.
- Emp. + Spouse: \$176.50
- Emp. + Child(ren): \$131.00
- Emp. + Fam.: \$274.50

Per Paycheck

THESE ARE CURRENT RATES AND DO NOT INCLUDE THE 23% INCREASE OR PLAN DESIGN CHANGES FOR 2015/2016

Two County Employee Family

- HDHP/HAS
 - Employee 1 selects “Employee + Children” coverage at \$38.93 per pay period.
 - Employee 2 selects “Employee Only” coverage at \$0.00 per pay period.
 - TOTAL: \$38.93 per pay period
 - **PLUS \$47.15 Xs 2 into HSA= \$94.30 monthly**
- PPO
 - Employee 1 selects “Employee + Children” coverage at \$109.64 per pay period.
 - Employee 2 selects “Employee Only” coverage at \$32.89 per pay period.
 - TOTAL: \$142.52 per pay period
- Both employees are eligible to receive the Wellness Incentive

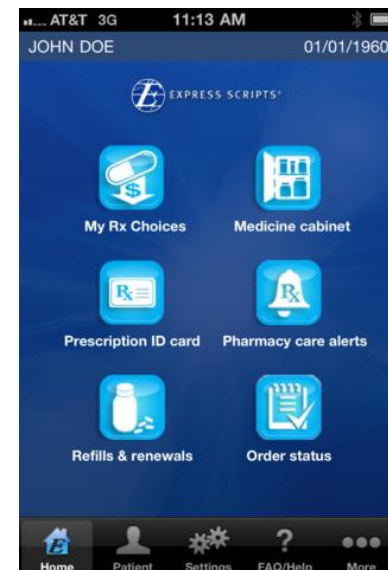


Pharmacy Benefits

- Express Scripts is the Prescription Benefit Manager (PBM)
 - 1-800-711-0917
 - www.expressscripts.com
 - Resolve customer service issues
 - Reorder medication
 - Look up medication information
 - View prescription history
 - Visit and shop the on-line store
 - Download the phone app



EXPRESS SCRIPTS®



HDHP - HSA Option: Prescription Benefits

Prescription Benefit Manager

- **Express Scripts**

Coinsurance

- **30 and 90 day retail**
 - Generic, Preferred Brand, Non-Preferred Brand
 - 20% coinsurance after deductible is met
 - No coinsurance after maximum out of pocket is met



PPO Plan: Pharmacy Benefits

- **COPAYS**
- **30 day retail**
 - Generic \$5
 - Preferred Brand 20% copay (\$45 cap)
 - Non-Preferred Brand 20% copay (\$80 cap)
- **90 day mail order**
 - Generic \$10
 - Preferred Brand 20% (\$90 cap)
 - Non-Preferred Brand 20% (\$160 cap)





INCENTIVE
AHEAD

A green rectangular road sign with a silver border, mounted on two metal poles. The sign features the text 'INCENTIVE' in large, bold, white capital letters, with 'AHEAD' in smaller, bold, white capital letters below it. A faint, circular fingerprint watermark is visible in the background of the sign. The sign is set against a blue sky with white clouds.



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2014/2015 Wellness Incentive

- **\$240 Annual Incentive!!!**

- How to Qualify:

1. Complete Annual Physical before May 15, 2015
 - Wellness exams between May 16, 2014 and May 15, 2015 are eligible for the 2015/2016 Wellness Incentive.
 - Turn in Physician Acknowledgement Form by May 15, 2015.
2. Complete an Annual Biometric Screening
 - Health and Benefits Fair: April 14th and 15th 2015 (also available with your doctor).
3. Complete an on-line Health Risk Assessment at www.azblue.com between May 16, 2014 and May 15, 2015.



2014 Wellness Incentive

How the MONTHLY Incentive is applied:

- PPO Option: \$10 bi-weekly reduction in premium
- HSA Option: \$20 deposited into your HSA monthly



PPO Option Cost: Wellness Comparison

	Bi-weekly Employee Cost	Bi-weekly Employee Cost w/ Wellness Incentive
Employee	\$32.89	\$22.89
Employee + Children	\$109.64	\$99.64
Employee + Spouse	\$158.90	\$148.90
Employee + Family	\$235.64	\$225.64





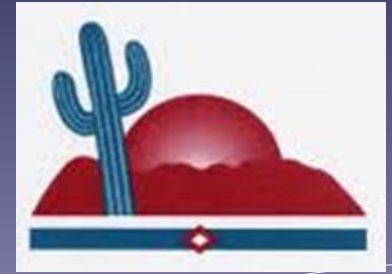
SSA Mexico

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- Only available with PPO Option
- Coverage is only for services authorized under the YCEBT Medical Plan
- Claim forms available at www.yumacountyaz.gov
>Departments >Benefits or on SSA's web site
- Contact SSA Mexico at 1-800-474-3485
- Website: www.southwestservicestpa.com
 - Print claim forms and locate providers

SSA Mexico



- Services provided in many Mexico cities on the Arizona and California border
- No Vision or Dental services provided
- No co-pays or deductibles
- \$3,500 annual allowance for individual and \$7,000 family allowance
 - Individuals eligible for \$3,500. Families share a “pooled” \$7,000. Any persons cannot use more than \$3,500. For example, a spouse uses \$3,500; that leaves \$3,500 for the rest of the family.

Flexible Spending Account





- **Medical Account**

- **Up to \$2,550 election**
- Use it for co-pays, deductible and co-insurance expenses, dental services, eyeglasses and exams, prescription medicines, and medical equipment
- Cannot use it for over the counter medication without a prescription



- **Dependent Care Account**

- **Up to \$5,000 election**
- Use it for nanny, daycare, and child and/or adult day care expense
- 13 years of age limit
- Provider must supply their Social Security number or tax ID number



- **Rollover**

- Up to \$500 of unused funds will rollover into 2016/2017 for use on any eligible expenses.
- Claims must be filed by the end of the plan year



Vision Benefits





\$10.00 eye exam co-pay

\$20.00 co-pay for diabetic eye exam

\$25.00 co-pay for lenses

\$130.00 frame allowance (24 months)

Other service discounts available

**Providers: Adobe Eye Care, Corona
Optique, Yuma Vision**



Rates Per Pay Period

- **Employee Only: \$4.96**
- **Employee + 1: \$9.92**
- **Employee + Fam.: \$15.97**



\$10.00 eye exam co-pay

Diabetic eye exam included for diabetics

\$25.00 co-pay for lenses

\$125.00 frame allowance (24 months)

Other service discounts available

Providers: Nationwide Vision, Sam's Club & WalMart



Rates Per Pay Period

- **Employee Only: \$2.96**
- **Employee + 1: \$5.32**
- **Employee + Fam.: \$8.28**

Dental Benefits





	Delta Dental Premier Provider
Ann Benefit Max	\$2,500
Annual Deductible	\$50/\$100
Class I Services -Preventive	100% Excluded from Max. Annual Benefit
Class II Services	80%
Class III Services	50%
Anesthesia	50%
Orthodontics	Lifetime Max \$1,000



Rates Per Pay Period

- Employee Only: \$18.80
- Employee + 1: \$40.84
- Employee + Fam.: \$53.97



Plan Year Max	None
Plan Year Deductible	No Deductible
Oral Exam/Cleaning	\$0 Co-Payment
Procedures	Pre-set prices



Rates Per Pay Period

- Employee Only: \$5.08
- Employee + 1: \$10.75
- Employee + Fam.: \$13.89

TRUSTED
200
YEARS



THE HARTFORD



Group Benefits • Business Insurance

Basic Life Insurance

1x your annual salary in basic life insurance, not to exceed \$50,000 (at no charge to you)



Supplemental Life Insurance

	Min	Max	Increments	EOI
Employee	\$10,000	5 Xs annual salary not to exceed \$250,000	\$10,000	EOI Req: >\$10,000 yr.
Spouse	\$5,000	\$50,000 Or 50% of employee's face amount	\$5,000	EOI Req: >\$5,000 yr. > \$20,000



Child(ren) supplemental term life insurance

- Elect \$2,500, \$5,000, \$7,500 or \$10,000 for your child(ren)
- Rates are 23 cents per \$2,500 per pay period for one or all of your minor children
 - For example, \$5,000 of coverage is a 45 cent deduction per pay period
 - Amount deducted covers one or more children
 - If over 19 documentation showing full-time student status



SUPPORT LINC

EMPLOYEE ASSISTANCE PROGRAMS



Employee Assistance Program

EMPLOYEE ASSISTANCE PROGRAM (EAP)

RECEIVE UP TO 6 FREE SESSIONS PER ISSUE PER YEAR

- Marriage
- Family
- Financial
- Legal (Free online will)
- Emotional
- Personal
- Stress-related concerns
- Chemical dependency
- Health and wellness
- Discounted referrals
 - Child and elder care
 - Prenatal care
 - Pet services



Other Benefits

- **Other informational handouts available (not included in your packet)**

- Medical plan descriptions
- HSA information
- Vision brochures
- Dental descriptions
- Additional Insurance
 - Aflac
 - Colonial
- Deferred Compensation (457b)
 - TIAA-CREF
 - Nationwide
 - ICMA-RC
 - RPA



Enrollment Packets

Delivered to Departments on April 14th

What you need to return:

- Acknowledgement of Receipt of Notices check-sheet
- Enrollment form
- Life Insurance form
- Evidence of Insurability form (mail to The Hartford if necessary)

You will also find:

- Notices
- Directory
- Rate sheet

DEADLINE: May 15, 2015 at 5:00 p.m.

LAST PAPER PACKET!!!



Life Changes

Remember to notify us in the event:

- Change of address
- Qualifying event (birth of a child, adoption, marriage, spouse losing/gaining insurance, divorce, etc.)
- **You have 31 days to make certain changes to your elections**

2015/2016 Health & Benefits Fair

- **April 14, 2015: Yuma County Main Library: 9:00 a.m. to 3:00 p.m.**
- **April 15, 2015: Pivot Point Conference Center: 9:00 a.m. to 3:00 p.m.**
- **Wellness Incentive Requirements for 2015/2016 Plan Year:**
 - **Preventive Wellness Physical: Between 5/16/2014 and 5/15/2015**
 - **Online Health Risk Assessment: Between 5/16/2014 and 5/15/2015**
 - **Biometric Testing: Benefits Fair**





IMPORTANT!

You must complete the enrollment form.

If you do not want a benefit, you must waive coverage.

**If you do not turn in your enrollment form, you
will be automatically enrolled in the medical
PPO plan with employee only coverage.**

Dental, Vision, Supplemental Life will be cancelled.

Questions???



THANK YOU!!!



HAVE A WONDERFUL DAY